

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF EMS and TRAUMA
PO BOX 30207 • LANSING • MI • 48909**

EMERGENCY MEDICAL SERVICES PERSONNEL ROSTER

Authority: P.A. 368 of 1978, as amended

Please list all emergency medical services personnel. Include: name, license number, level of license and license expiration date. MDCH requires a minimum of six emergency medical services personnel in order to provide emergency assistance on a 24-hours-a-day, 7-days-a-week, 365-days-a-year basis.

Failure to submit a current list of emergency medical services personnel will result in denial of the life support agency license application.

| NAME | LICENSE NUMBER | *LEVEL OF LICENSE | LICENSE EXPIRATION DATE |
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* Enter license level as follows: MFR = Medical First Responder
 EMT = Emergency Medical Technician
 EMTS = Emergency Medical Technician Specialist
 PARA = Paramedic

As the official representative for _____, I hereby certify and attest that the personnel listed on this document are available to meet the terms of the proposed license and that these personnel will be utilized by this life support agency in a manner that will meet all minimum standards and comply with the applicable rules promulgated by the department.

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| Signature of official representative for the agency | Date |
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